

# Outpatient Facility Coding Alert

## ICD-10: Handy Expert Tips Demystify Your Migraine Coding

**Hint: Symptoms of partial or temporary paralysis may point to hemiplegic migraine dx.**

Reporting migraines can be tricky because there are so many different types. And to accurately choose the correct ICD-10 code, you need to know whether the patient suffers from a hemiplegic migraine. And is his migraine chronic? Or does the patient have a rare cerebral infarction (CI) and migraine combo?

Read on to discover handy tips to help you master migraine coding in your outpatient facility.

### Tip 1: Aura Often Marked by Blind Spots

To report most of the migraine ICD-10 codes, you need to have a handle on the definition of "aura." For coding purposes, a migraine with aura often contains visual disturbances, like seeing patterns or lights or losing vision, tunnel vision, etc., explains **Cathy Satkus, CPC**, coder at Harvard Family Physicians in Tulsa, Oklahoma.

Migraine auras refer to "specific nervous system symptoms that occur or begin approximately five to 20 minutes prior to the onset of the headache," according to **Yvonne Dillon, CPC, CEDC**, director of emergency department services at Bill Dunbar and Associates, LLC in Indianapolis, Indiana. Dillon says these symptoms can include, but are not limited to, the following:

- Blind spots within the patient's visual field;
- Patient seeing a zigzag pattern;
- Blindness affecting half the patient's visual field in either both or one eye;
- Visual hallucinations;
- Seeing flashing lights;
- Pins and needles sensation in arm or leg; or
- Difficulty speaking.

**Best bet:** If you see any of the above symptoms in the encounter notes, be sure to consider an aura diagnosis for your migraine patient.

### Tip 2: Paralysis Might Equal Hemiplegic Migraine

If one of the symptoms of the patient's migraine is partial or temporary paralysis, then he might suffer from a hemiplegic migraine - G43.4- (Hemiplegic migraine).

Dillon says that some of the classic symptoms of hemiplegic migraine include:

- Limb weakness or paralysis on one side of the body,
- Confusion, and
- Speech problems.

### Tip 3: Prep for Rare CI/Migraine Combo

When the physician records a migraine with cerebral infarction (CI), you'll have to choose a code to represent the condition -- for example, G43.61 (Persistent migraine aura with cerebral infarction, intractable).

For diagnosis coding purposes, a migraine with cerebral infarction, or "migrainous infarction," refers to a migraine during which "a cerebral infarction occurs. This may cause a stroke in the patient," Dillon says. Migraines with CI occur more

commonly in patients who have migraine with aura as opposed to those without aura.

Also, you'll need to report the CI along with the migraine code in this case. According to the notes below G43.6- (Persistent migraine aura with cerebral infarction), code also the type of cerebral infarction (I63.-).

**Tip 4: Follow Specific Rules for Chronic Cases**

When looking to ICD-10, you'll also need to know several rules for coding chronic migraines in a patient. Before reporting a code for chronic migraine, such as G43.709 (Chronic migraine without aura, not intractable, without status migrainosus), be sure that the patient meets chronic migraine standards.

According to Dillon, "chronic migraines are those that occur 15 or more days in a month within at least a three-month span without medication overuse." In addition, the chronic migraine patient must also experience two or more of the following symptoms eight or more days per month for at least three months:

- Moderate to severe headaches;
- Each headache lasts four hours or more;
- Headaches occur on one side of the head only;
- Headaches that feature pulsating pain;
- Headaches that are aggravated by routine physical activity;
- Headaches causing vomiting, nausea, or both; and
- Headaches coupled with sensitivity to light and sound.

**Confused?** If you're unsure if the operative notes support an ICD-10 code for a chronic migraine, check with your payer before choosing the diagnosis.